	STATISTICAL	RESEARCH	AND	RECOR	D\$	BALT
462	CE	RTIFICA	ATE	OF	DE	ATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Talbot MARYLAND Talbet b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL ond give nearest tawn) Easton, hrs. Rural - Easton d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO -NAME OF First Middle 4. DATE Last Month Year Day DECEASED THOMAS BARTLETT BR IDABS DEATH (Type or print) Jul 19 6] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH lost birthdoy) Months Days DIVORCED [68 WIDOWED TO 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Ret Tarmer Agriculture Negvitt. Md. 13. FATHER'S NAME Daniel Bridges Delia Jones 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Donald Bridges, McDaniel, Maryland 18. CAUSE OF DEATH [Enter only one couse ps INTERVAL BETWEEN far (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost, O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while ot work at work altended the deceased from 2) | certify that (1) (this hospital) 192, that (I) (we) last the deceased alive an and that death accurred at 1.20M. from the days and on the date stated above GNAT 22b. DATE SIGNED STAFF PHYS. DIRECTOR [] M.D. PHYS. PHYSIC 22d. ADDRESS BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) (Stote) Bozman, Maryland

25b. REGISTRAR'S SIGNATURE

arthur S. Thomas

25o. REC'D BY REGISTRAR

VO SIDATE JUL 2 7 '61

Bozman.

campletely for after hours and pan physician CGF With гетоме attending that the death 70 2 puo þ permit. removo been signed burial-transit ar attending physician cremanion, has After this far detached TO FUNERAL DIRECTOR: ď þ Board 3 should State page the

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24. FUNERAL DIRECTOR

THE REPORT OF THE PARTY OF Mineso Communication 1983 double's Smiles design Martin - Diguel - Section - Control THOUGHT STATES TO THE SALES Mile . 1857 . 1857 . 68 Test for an interest to the contract to the co Daniel Section Dell'amme The The Spanning of the Bank of the State of THE REAL PROPERTY. Bouten, Maryland March Street Committee of the Committee

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OZCO

CERTIFICATE OF DEATH

OOIFO

	6403		CERTIFICA	IE OF DEATE			(06490	
1. PLACE OF DEATH	albot		MARYLAND	2. USUAL RESIDENCE (W. o. STATE MELTY)	here deceased live	d. If institution b. COUNTY	Residence before		
b. CITY OR TOWN RURAL and give Easton	(If autside corporate limi nearest tawn)	is, write c. LENG	5 years	Easton	outside corporate	limits, write RUI	RAL and give near	est fown)	
d. NAME OF HOS OR INSTITUTION	Hanson S	give street address)		d. STREET ADDRESS 25 N. Hal	nson St	•	1	ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	ELVA	COWMAN	Middle	Losi	4. DATE OF DEATH J	uly 6,	n Day	Year 19 61	
Ferale:	6. COLOR OR RACE	7. MARRIED N	Last 1	8. DATE OF BIRTH Feb. 16, 16	1 10		Months Doys	Hours Min.	
10a. USUAL OCCUPA during most of w housewi	orking life, even if retired	dane 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	_	γ)	12.CITIZEN OF	WHAT COUNTR	
13. FATHER'S NAME	rge Deakyı	ne		14. MOTHER'S MAIDEN	NAME Redde	n			
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or date of a	(CES? 16. SOCIAL SI		S. Rafe L.	McMaha:	n Es		arylar	
Conditions, if gave rise to couse (a), static lying couse las	immediate DUE TO) 	h eight	of to	mellas		6	·	
20g. ACCIDENT N	WAS UNDERLYING ON THE STATE OF	rterio	ochrose	D. (Enter noture of injury in	ual	nd	N IN PART 1(0) 19	P. WAS AUTOPS PERFORMED? YES NO	
-	10	While Not		ACE OF INJURY (Home, for ctory, street, office bldg., el		own)	(County)	(Stot	
	21. 1 certify that (I) (this haspital) attended the deceased from								
72c. PHYSICIAN*		v-/		M.D. ATTENDING PHYS. 22d. ADDRESS		TAFF HYS.		22b. DATE SIGNE	
NAME (Type	Dr. P.	E. Cox		Easto	n, Mary	land			
23a. BURIAL, CREMA REMOVAL (Speci Burial			ME OF CEMETERY C		23d. LOCATION	(City, town, or	county)	(Stote) yland	
24. ELINERAL DIRECTO	E Newnam	. ADI	Easton	38.3 250. RFC	UL 11 61	25b. REGIST	TRAR'S SIGNATUR	.Sa	

TO HOW TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may relatined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter page 3 should be detached for use as the burial-transit permit. Then please remade corbon papers. Pages 1 the State Board of Health prior to burial, aremation, or remadal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

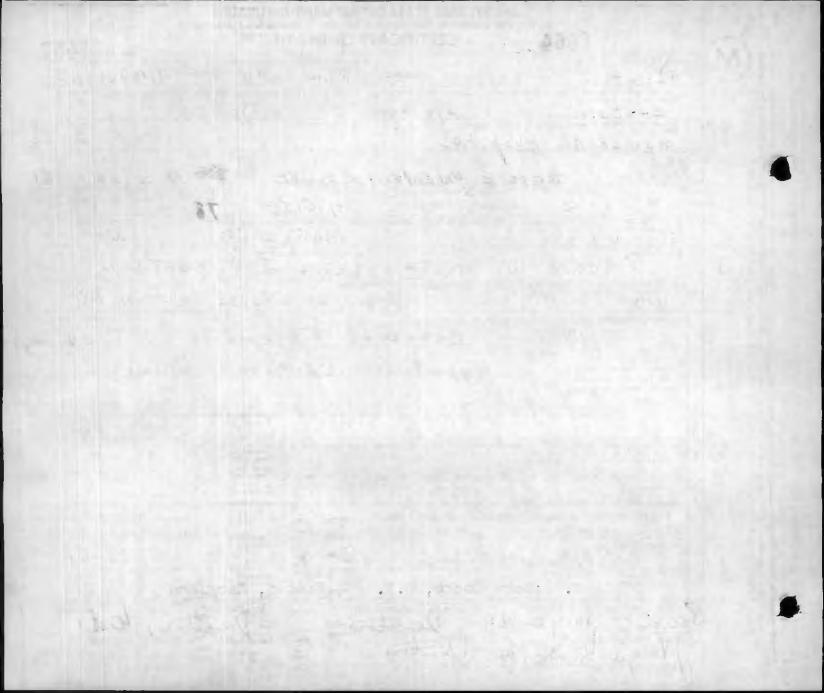
hours after death. Page 4

ine arrending physician and completely filter in by the funeral director.

Then please remave corbon papers. Pages 1 and 2 should be filted with and in any event within 72 hours.

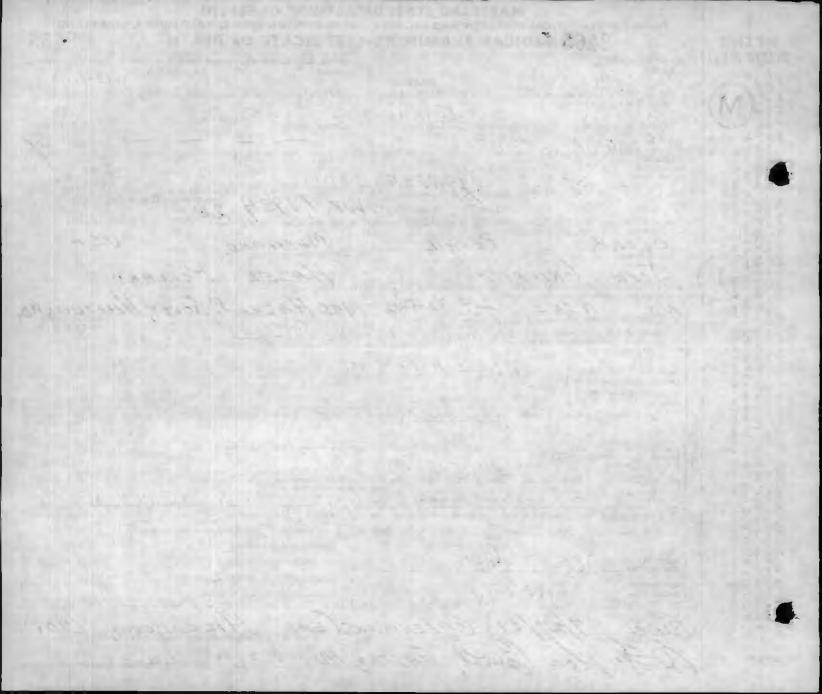
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 8464 CERTIFICATE OF DEATH of director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY (2) ARO MARYLAND the funeral shauld be fi ours after death. b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, white RURAL and give nearest town) RURAL and give pearest town) -AST d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO memor: puo = NAME OF 4. DATE Month Year OF DEATH DECEASED (Type or print) after death 196 -9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS campietely last birthday) Months ' W WIDOWED | DIVORCED papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) to usiz WI FE pup pou 22 death certificate be 13, FATHER'S NAME physician 00 2. KOBERTSON with remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address NO ottending edse INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā I. DEATH WAS CAUSED BY: Cerebral **DUE TO** é Cardio vasc permit. Canditions, if any, which certificate Has been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last **burial-transit** ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the 80 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (State) Day, Year (County) foctory, street, office bldg., etc.) Hour a.m. While Not while NERAL DIRECTOR: After this at wark at wark detached for saw the deceased alive an____ __19 , and that death accurred at ____ M, fram the causes and an the date stated above. 22a. SIGNATURE ATTENDING SIGNED MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S shauld NAME (Type) C. Robert Cooke, M.D. Easton, Maryland 236. DATE THEREOF BURIAL, CREMATION, 23c. NAME DE CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county), (State) FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE aring & Kraus VR A15 (4) JIN 2 6 '61 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2465 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY a. STATE b. COUNTY funeral director. Page is necessary, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) ō TOL d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boa ON A FARM? YES NO State NAME OF Middle DATE Month First OF DECEASED (Type or print) DEATH 196 and 3 to with AGE (In years | IF UNDER'T YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED may 2 will age 5 may 1 and 2 wit 72 hours last birthday) Months WIDOWED [This certificate should be executed within 24 hours after BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2, 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY form PM3. Page done during most of working life, even if refired) USA CLERK File pages I 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. (Yes, no, or unkown) | (If yes give war or dates of service) Dermit. with CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). .5 ONSET AND DEATH Medical Examiner's Office along burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE le removal, DUE TO Conditions, if eny, which "pending" geve rise to immediate cause 10 **DUE TO** (e), stating the underlying 88 cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the word NO should DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | UTY MEDICAL EXAMINER: burial, CAUSE OF DEATH ease execute the certificate, writing forwarded to the Chief L DIRECTOR: Page 3 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work prior FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, Suicide Homicide Undetermined manner -Natural causes Accident death resulted from: CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 9 EXAMINER'S plnous NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) 22a, BURIAL, CREMATION, REMOVAL (Specify) ö 0 OL 0.4 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5 '61 5M 7/59 arthug & House

MARYLAND STATE DEPARTMENT OF HEALTH



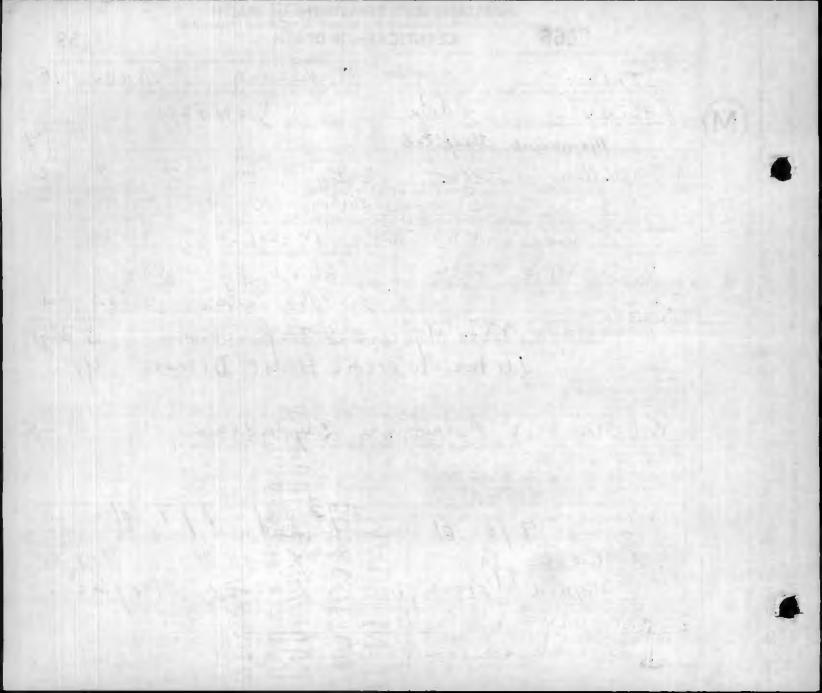
TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital ar attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill. In by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH 8465 CERTIFICATE OF DEATH

		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived	
	c	COUNTY	MARYLAND	MAREY AND	b. COUNTY CAROLDINB
	b	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporole li	mits, write RURAL and give nearest town)
		EASTON	4 days	1 DEM.	ION
	0	I. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		memorial .	Hispital		CO X -7 YES NO D
3	[NAME OF Pirst Pirst Print Prin	Middle	Losi 4. DATE OF DEATH	Month Day Year
	5. 9	TO COUNTY N	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AG	SE (In years IF UNDER I YEAR IF UNDER 24 HRS.
1		M Wildow	ED DIVORCED	AMTA 15 1882 1	Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
		WORKER 1	THE ROCK	P. MARCY LA	NI) WAT
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	16	WILLIAM E, E	ATON		HARLY
		no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT ON ST	addess &
	_	no		y is. Oxa carco	INTERVAL BETWEEN
		18. CAUSE OF DEATH Enter only one cause per li PART I. DEATH WAS CAUSED BY:	1 44	DO TO BOOK	ONSET AND DEATH
		IMMEDIATE CAUSE (0)	ute Myo ca	idiax Lugar CT	5 0ags.
		Conditions, if ony, which)	terioscles	nto Hoder D	Somo UVS.
		gave rise to immediate	100000	VIII TENTI A	1756
		lying couse lost.			
	Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CON	NOTION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATI	Obstructive	Polwora	my Luggly Sean	PERFORMED?
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING A 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Inter noture of Mury in Part 1 or Port II of	item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		*	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While	6.	LACE OF INJURY (Home, form, 20f. (City or to	(Slote)
	ME	p. m. 19 al war		10	1 1 1
		21. I certify that (I) (this hospital) attend	ded the deceased fram.	190 to	1901, that (I) (we) last
		saw the deceased alive an X	219.0/, and that	death accurred 2.35.M, from the	causes and an the date stated above.
		220. SIGNATURE		ATTENDING MED ST	AFF 226. DATE
		22c PHYSICIAN'S	1	M.D. PHYS. DIRECTOR PF	ivs. 7 ' 7 ' 6
		NAME (Type) Shepard	Krech Tr.	Easton	, Maryland.
		BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		(City Jown, or county) (State)
-	1	2:013145 Auch 1,1181		N 9=	7. 0
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS DO	250. REC'D BY REGISTRAR	25b, REGISTRAR'S SIGNATURE
1		July 10	al son A) se	DATE JUL 11 '61	Colling S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

Supplies on of statistical research and records — Baltimore 1, Maryland

CERTIFICATE OF DEATH

1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Caroline aryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural Marydel d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO TO CMOVIG None NAME OF 4. DATE Day Year DECEASED DEATH (Type or print) 19 10-11 MUNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 5. SEX 6. COLOR OR RACE MARRIED TI NEVER MARRIED TI B. DATE OF BIRTH lost birthdoy) Months Dovs Hours DIVORCED [WIDOWED TY yrs. ale Col USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. None Delaware Farm Laboror 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Callahan Fountain Add Marydel, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Md. ountain Gibbs e Nο INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of item 18) SAL TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) MED o.m. Whi e Not while of work at work O. m. - 15 2) I certify that (I) (this haspital) attended the degeased from M, from the causes and on the date stated above. sow the deceased alive an and that death accurred at 22b DATE 21,196 TNED ATTENDING PHYS STAFF M D DIRECTOR -PHYS 22c. PHYS CIAN'S 22d ADDRESS NAME (Type) Arthur Ceci Easton, Maryland. JJr. 230 BUR AL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State) REMOVAL (Spec fy) Marydel Maryland $\mathtt{Mt.}$ Zion Buria 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR'S SIGNATURE 2So REC'D BY REGISTRAR Orthur & Krana 25

director, filed with ours ofter death. funerol 25 puo 9 deoth popers. bon 72 h remove cark vent, within 7 G physicie event, g_u eose PHYSICIAN; The law requires that the death oftendi ā ò permit. gned certificate has been si **buriol-transit** or ottending physicion cremotion, the 90 FUNERAL DIRECTOR: After this Sto

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	Talbot		MARY	LAND	2 USUAL RESID	ence (wh	ere deceased	lived. If institute b. COUNTY	Que	e before	nne	an)
Г	b CITY OR TOWN (IF RURAL and give ner		ts, write	c LENGTH OF STAY	IN 1b	c CITY OR T		•	ate limits, write R	URAL and g	ive near	est town)
-	d NAME OF HOSPITA	Al (If not in horostal a	ive street a	(ddress)		d. STREET A			1		1.	IS RESI	DENCE
4	OR INSTITUTION RI	o Vista	Nurs:	ing Home		9. 3/10227			17	X	~	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Charles	ta	Middle Clanahan		Framp		4. DATE OF DEATH	July	th	20 20		, 61
5.	SEX Male	White	7 MARRI	ED NEVER MARRII		B. DATE OF BIRTH		-	9. AGE (in years lost birthday) 90 yrs.	Months	Days Days	Hours	R 24 HRS Min
10	during most of worki	N (Give kind of work on life, even it celired	done 10b. K	CIND OF BUSINESS O	R INDUS	1 .	ACE (Stote	-	untry)	12. CITI		WHATCH SA	OUNTRY?
13	FATHER'S NAME		<u> </u>			14. MOTHER'S	MAIDEN N	IAME					
	Unk	nown						Üı	nknown				
115	WAS DECEASED EVER	IN U. 5 ARMED FOR				FORMANT			Addr				
L		7,000		No	C.	Addis	on Fi	rampto	nSte	vens	vil.	Le,	Md.
	Conditions, if an gove rise to in cause (a), stating t lying cause last.	mediate Dur To	Le	nual	li	red C	YA VY	Wir	Colde releri	ste,	5	JUL	DEATA (IV)
CERTIFICATION	PART U. OTH	ER SIGNIFICANT CON	DIT ONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	T 1(a) 19	PERFO	NO
		CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURREI). (Enter nature a	f injury in I	Part I ar Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	20d. IN While at wark	JURY OCCURRED Not while at work		ACE OF INJURY (I			ar lawn)	(0	aunty)		(State)
	/ / /	(1) (this haspital ad aliveron 1	elle	A_19 (a/, and	that d	,	at 8:20	ED. RECTOR	STAFF PHYS.	d an the		stated	abave. DATE SIGNED
	Account (Type)	R. Lane		th			S	t. Mi	chaels,	Md.			
23	REMORAL (FORTY)	July23		23c NAME OF CEM			72	Steve	ion (Cily, town, o	or county)	đ.	(Stote	p}
24	Edgar &		Chu	rch Hill	, Mo	ŀ.		D BY REGISTI 2 5 '61		STRAR'S SIC		E	



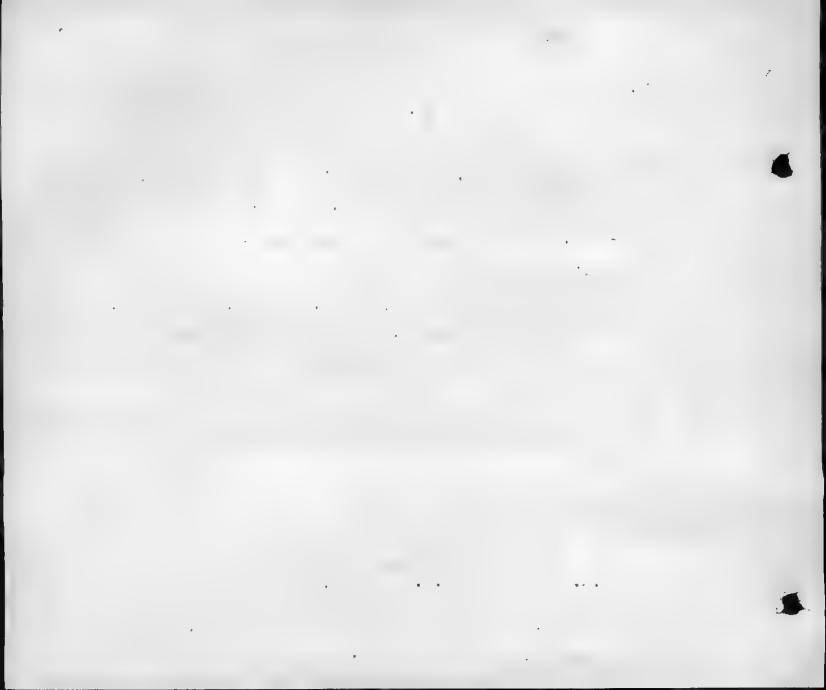
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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(Stote)

ا عدد		. L	S453 CERTIFICATE OF DEATH
director led will	M	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
ا القام		4	Talbot Maryland Maryland Talbot
be f		Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Pla old		L	rural-Easton 6 mos. rural- Easton
the sha	\ \ <u>\</u>	1	d. NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
d 2			RD #3, Box 250 RD #3, Box 250 YES IN NO [
, a		3.	NAME OF First Middle Last 4. DATE Month Day Year OF
ges			(Type or print) George F. Ganshaw DEATH July 17. 1961
ď		5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S DATE OF BIRTH WIDOWED DIVORCED Jan. 12. 1881 9. AGE (1. Years FUNDER 1 YEAR FUNDER 24 HR Months Days Hours Min. 80 yrs.
offe		1	
5 5		- "	du USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
72 h	_	12	Farmer- ret. Agriculture New York State USA
THE.		1/,	
×	(4	1/19	William Ganshaw Sophia Schrader Was Deceased Ever In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
rent	7		is, no, or unknown] (If yes, give war or dates of service)
é _		=	no none 086 26 1670 Louis W. Ganshaw, Easton, RD, Marylan
0			IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVA. BETWEEN ONSET AND DEATH
-0			IMMEDIATE CAUSE (6) 1 NOVOCE MUSICALLIST INSPANCEMENT PRINCELLE
- 6			4201 DUE TO
סעםנ			Conditions, if any, which gove rise to immediate Course (a) that the under the DUE TO
Le Le			tying cause lost. Column
ŗ,		2	
		CATION	Bron chappenennia, lualisational PERFORMED?
rem		á.	20g. ACCIDENT WAS JINDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Fater nature of Mary in Part Lor
<u>1</u>		1447	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
pori		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State of the county) (State of the
0		Z Z	Hour o. m. While Not while of work of work
PI10			21. I certify that (1) this haspital) attended the deceased from. 7/1/ 1964, to 7/17 1964, that (1) (we) last
	1		saw the deceased alive an
g T			220. SIGNATURE ATTENDING MED. STAFF 225, DATE SIGNE
jo n	- /		A CONTROL M.D. PHYS. DIRECTOR PHYS 7/18/191
Sogre			PAME (Type) J.H. Mulholland M.D. Hillsboro, Maryland
ote B		-	mary land
e Sto		23	o BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
Ę		2.	Burial 7/20/61 Elimwood Cemetery Batavia, New York FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
		24	Easton, Md. DATE JUL 19'61 Cillum 8. Trans
			DATE DATE OF THE DATE OF THE DATE OF THE OWNER OWNER OF THE OWNER OW

W. Frampton Carroll



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offer death Page 4		the funeral director,	should be filled with	(
O HY TAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death Page 4	magnetized by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely first in by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filed with	the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.	
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VR A15 (4) 15M 9/59

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ACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
TA/bot MA	MARYLAND TALBOT
CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STA	Y IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
RURAL and give necrest town) Shie 2	5N ELTON
NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE
Memorial Hospital	302 N. WASHINGTON ON A FARM?
ME OF First Midd	TILL CONTROL OF TILL
pe or print) = 1 z A beth, C	
6 COLOR OR RACE 7. MARRIED NEVER MAR	lost birthdoy Months Days Hours Min.
JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS uring most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER OWN HOM.	E MARYLAND H.S.A.
THER'S NAME	14 MOTHER'S MAIDEN NAME
PARLES WESLEV COLLINS	MARY N. TOWERS
AS DEGEASED EVER IN U. S. ARMED PORCES? 16 SOCIAL SECURITY No. 1 of ordinary of the security No. 1 ordinary of the security	10 17. INFORMANT 302 MOWASHING TONS
NONE	W. H. GARDNED
B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
177 6 73	with the first
420.0 DUE TO	
Conditions, if ony, which (b)	
couse (a), stating the under-	
lying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO X
0g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PRECONTRIBUTING LI CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	
C. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o. m. 10 While Not while	factory, street, office bldg., etc.)
p. m. 19 of work of work	
1 certify that (I) (this haspital) attended the decease	d fram 7 / L 5/ , 19 6 /, ta 7 / (7/, 1964 /, that (1) (we) last
	nd that death accurred at M, from the causes and an the date stated above
2a. SIGNATURE	ATTENDING MED STAFF Tag
1 2	M.D PHYS DIRECTOR PHYS DULL 20, 1901
P. E. Cox, M.D.	Easton, Maryland.
BURIA. CREMATION, 236 DATE THEREOF 230 NAME OF CE	METERY OR CREMATORY 23d LOCATION (City, town, or county) (SIME)
REMOVAL (Specify) 7/21/61 WORDL	AWN (ENFTERY FASTON RID) MARKE
NERAL DIRECTOR'S SHOWATURE -ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tool Bull Charles	MA DATENIA O A IST



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L		8471		CERTIF	ICATE OF	DEATH	1		Reg. Dist. N	0846
	PLACE OF DEATH a. COUNTY	Talb	ot	MARYLA	o STATE	Mary	nere deceosed	fived If institution b. COUNTY	ralbo	
	b. CITY OR TOWN (III	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b cocity o	R TOWN (IF C		ote limits, write Ri	JRAL and give	nearest town)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, g	ive street o	oddress)	d. STREE	T ADDRESS				e. IS RESIDENCE ON A FARM? YES NO.
	NAME OF DECEASED (Type or print)	COLU		Middle NEWTOR		last R GE	4. DATE OF DEATH	Mon Ju		Day Year
5.	Male	6. COLOR OR RACE White	7 MARRI WIDOWE	DIVORCED			1886	AGE (In years lost birthday) 75 yrs	Months Day	AR IF UNDER 24 HI
100	during most of work	ing life, even if retired	done 10b. I	Seafood	T1:	IPLACE (Stote		untry) vland	12.CITIZEN	OF WHAT COUNTR
13.	FATHER'S NAME	les C. Ge	orge		14. MOTHE	Lydia		ardson		
15. (Ye		R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 4-34-7221	Mrs. Ro	se W.	Georg	Addr	on. M	arvland
		TH [Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO	m	for (a), (b), and (c).]	lial h	fren	eli	in	11	NIERVAL BETWEEN
	Conditions, if or gave rise to ir cause (a), stating I lying cause last.	y which (b	att	evel	indie	Cor	erne	yan	wyo	
CERTIFICATION	PART II. OTH			ONTRIBUTING TO DEATH	H BUT NOT RELATED	TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1(o	19 WAS AUTOPS PERFORMED? YES NO
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED (Enter noture	e of injury in	Part I or Port	II of item 18)		
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	f Month, Day, Yes	While	JURY OCCURRED 20 Not while of work	0e PLACE OF INJUR foctory, street, of	Y (Home, form fice bldg., etc	20f (City	or town)	(Coun	ly) (Sto

PHYSICIAN'S NAME (Type) GUY M. REESER Jr. M. D.

220. BURIA., CREMAT ON. 22b. DATE THEREOF Z2c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Burial July 15, 1961 St. John's Churchyard Avalon, Maryland
23/EUNERAL DIRECTOR'S SIGNATURE

ADDRESS

ADDRESS

ADDRESS

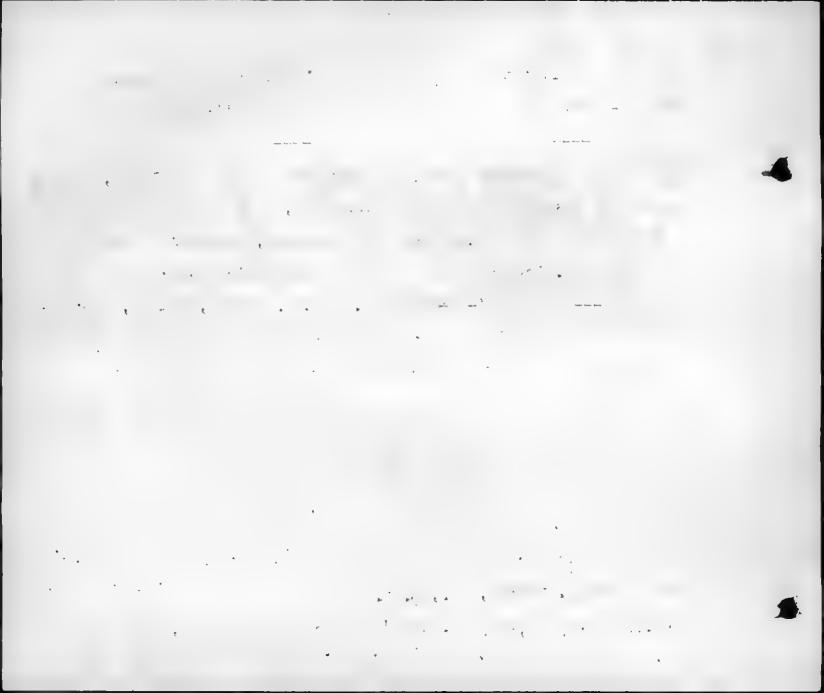
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8472

	1. PLACE OF DEATH o. COUNTY Alhat	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence byfore admission) o. STATE b. COUNTY A OA
	RURAL and give nearest town) EASTOD	Cays	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (if nat in hospital, give street address) OR INSTITUTION MEMOLEI 9 HOSPI	ital	d. STREET ADORESS e IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3 NAME OF DECEASED (Type or print) ELBERT	Middle	HASKINS 4. DATE OF Month Day Year DEATH July 16 1961
	MHIC NEGYO WIDOWED	DIVORCED 🔲	B. BATE OF BIRTH Oct. 28, 1883 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
	100. USJAL OCCUPATION (Give kind of work done 10b. KIND OF during master working life, even if retired)	ERMAN	MARY/And U. J. H.
	13. FATHERS NAME PERRY HASKINS		Ornelia BRUMMell
	15. WA'S DECEASED EVIR IN U. S. ARMED FORCES? 16. SOCIAL S (Yes. no. or unknown) (If yes. gave war or dates of service) UN KNOWN	32-0854 X	elen HASKing - Bellevi, md.
	18. CAUSE OF DEATH [Enter only one cause per lime for (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate couse (a), stoling the under-lying couse last. (c)	(b), and (c) (alotis Brigning
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTION CONTR	JTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO ILL
			D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Of Hour a. m. While Not at wark of the p. m	t while for	ACE OF INJURY (Home, form, 20f. (Cily or town) (County) (State)
	21. I certify that (i) (this hospital) attended the saw the deceased alive an 5 feet 19 220 SPONTURE 22c PHYSICIAN'S NAME (Type) R. Lane Wroth, M.	Ge and that a	leath accurred at 7 pm, from the causes and on the date stated above. ATTENDING MED DIRECTOR STAFF July 17, 1951 22d. ADDRESS St. Michaels, Md.
	Burin July 20, 1961 Re	AME OF CEMETERY OF	R CREMATORY 23d LOCATION (City, town, or county) (State) (State) 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	James Hadwell- Evi	ton, M	DATE JUL 25 '61 Circhur S. Kraus



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8473

1		USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	O. COUNTY TALBOT MARYLAND	O. STATE MARYLAND & COUNTY TALBOT
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE
ī	OR INSTITUTION 303 5 1 DTV	303 J. Aurora St. VES NO D
	2 NAME OF Sine Astrolla	Lost 4. DATE , Month Day Year
	(Type or print) MARION C. HILL	DEATH JULY 6, 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D.	ATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Doys Hours Min.
	FEMALE White WIDOWED DIVORCED []	Ju 1,1902 59 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BITHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	housewife	MARyland U.S
\	13. FATHER'S NAME	I. MOTHER'S MAIDEN NAME
Ì	MICRIAN COULT	Ida Loffin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFOR	Sur Dully Fort Mid
	In CAUCE OF PEACH (For all and and the for (a) (b) and (b) a	WILLIAM O. AILLA LUSTON, VIO.
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] PART I DEATH WAS CAUSED BY	HEHD A WALLA HIS ONSET AND DEATH
	IMMEDIATE CAUSE (a)	11 11 0 101. 11 1 1 1 1 1 1 1 1 1 1 1 1
	DUE TO	
	Conditions, if any, which (b)	
	cause (a), stoting the <u>under-</u> lying couse lost.	
	1 12	RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	ATE	PERFORMED? YES NO 🗵
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CONTRIBUTING COURRED, (ED.) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	nter noture of injury in Port I ar Part II of item 1B.)
		OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foclory While Not while of work at work	street, office bldg., etc.)
		10 10 10 1 1 N/ 6 10 6/ 14 11 (m)
	21 I certify that (I) (this hospital) attended the deceased from 5.7.1	h accurred at 7 M. from the causes and an the date stated above.
- !	saw the deceased alive an 1/4 1/4 1944, and that deat	22b DATE
	Misself a Profile M.D	ATTENDING MED STAFF
	22c PHYSIC AN'S NAME (Type) 7	22d ADDRESS 1
	Donald F. Bantley	Laston, Maryland
	23a. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CE	EMATORY 23d LOCATION (City, town, or county) (Stote)
	BUTTA L Specify July 10, 1961 Sping Hill (Cemetery Existen Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Maurice to New Namy Son Easton, Ma	MY CONDIDATE JUL 11 '61 of S. Tuma



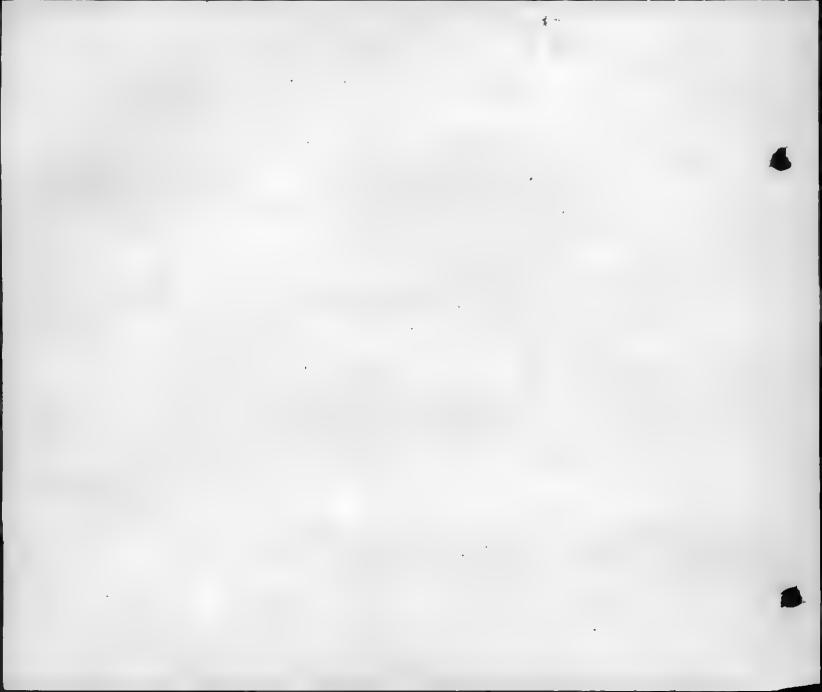
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MARYLAND STATE DEPARTMENT OF HEALTH

	MARIEAND STATE DELARIMENT OF HEAETH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
200	CEDTIEICATE OF DEATH

		8474		CERTIFI	CATE	OF DEATH		3	8467
	PLACE OF DEATH	CT		MARYL	- 11	USUAL RESIDENCE (WHO STATE		institution Residence	e before admission)
		outside carporate limit	ts, write c LEN	IGTH OF STAY II	V 1Ь	EASTON		,	ve negrest town)
	d. NAME OF HOSPITA OR INSTITUTION MEMOR	AL'(If not in hospital, g		1/_	B	d. STREET ADDRESS	9 RFD	#3	e. IS RESIDENCE ON A FARM? YES NO N
	NAME OF DECEASED (Type or print)	CLAREN		Middle R	, -	KAPP, JR.	4. DATE OF DEATH	Month LY	19 196/
	m M	6 COLOR OR RACE	WIDOWED []	NEVER MARRIED	<u> </u>	OVEMBER I	16,1910 Sc	2 yrs	Days Hours Min.
	WSUAL OCCUPATION during most of work MAIL EATHER'S NAME	N (Give kind of work of high life, even if settred)	WAVE	RLX PA	ESS	111. BIRTHPLACE (State of MARY) 4. MOTHER'S MAIDEN N	ar fareign country) LAND IAME	12 CITIZ	TED STAT
15,00	LARENCE WAS DECEASED EVER 5. no. or unknown)			SECURITY NO.	17. INFO	MARY HELEN 1	ELLEN YAPO	BRYA Faston	s. Md.
NOIL	Canditians, if as gave rise to in couse (a), stating lying couse last.	the under-	<u>.</u>			Tie ZJean		ION GIVEN IN PART	PERFORMED?
L CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H		·	Enter nature of injury in F		n 1B.)	YES NO
MEDICAL	20c. TIME OF INJURY Haur B. m. p. m.	f Manth, Day, Yes	While N	OCCURRED 2 lot while twork	20e. PLACE factor	OF INJURY (Hame, farm, y, street, affice bldg., etc.	, 20f. (City or town)	(C	ounty) (State)
		t (I) (this haspital ed alive an Of John				th occurred at SP ATTENDING ME PHYS DII			_, that (1) (we) last date stated abave. 22b DATE SIGNED
22x B 24	BURIAL CREMATION REMOVAL (Specify)	N, 236 DATE THERECO	961	NAME OF CEMEN	TERY OR C	emoral fank	23d. LOCATION (C. 1) DEDIA D BY REGISTRAR 2	ASTOW SE REGISTRAR'S SIG	11



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

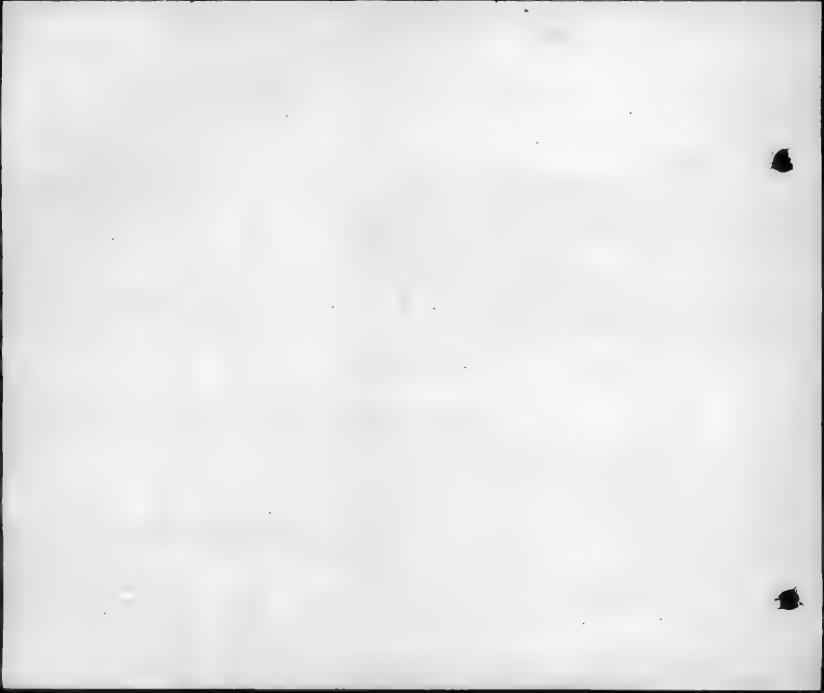
CERTIFICATE OF DEATH

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	PLACE OF DEATH COUNTY TALBO	T	MARYL	0	SUAL RESIDENCE (V. STATE		If institution: Resident b. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside RURAL and give neorest tow	ŋ)	a days	N 1b	CITY OR TOWN I	zappe	mits, write RURAL ond	give nearest town)
	d. NAME OF HOSPITAL (If not	1 M	1 11	20 1	STREET ADDRESS	//		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	William	Middle Clyd	le.	Leonerd	4. DATE OF DEATH	July	Day Year // 19 6/
	Mole El	Wete WIDON	RRIFO NEVER MARRIEI WED DIVORCED	0 G	ril7,18	83 "	biology Months yrs	Doys Hours Min
100	College of forking life,	even if retired)	www.Fac.Sn	of Oller	un Mac	te or fareign country	12.011	ZEN OF WHAT COUNTRY
	Collisson N.	Lean	rd		Marther's Maiden	(loan	1	
15. (Ye		ARMED FORCES? Nur or dates of service)	6. SOCIAL SECURITY NO. 173-01-84371	17. INFORM	Midred 1	derrus	1. Address	ye my
	PART 1. DEATH WAS	//	Mento for (o), (b), and (c).	ica				INTERVAL BETWEEN
	Conditions, if ony, whice gove rise to immediate couse (a), stating the under lying couse lost.	e (DUE TO	enile 3m	Mys	ema			5 years
FICATION	PART 11. OTHER SIGN		CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN PAR	RT 1(0) 19. WAS ALTOPSY PERFORMED? YES NO
CERTI	20g ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	ESCRIBE HOW INJURY OC					
MEDICAL	20c. TIME OF INJURY Month Hour o.m. p. m.	Whit)	20e. PLACE C foctory,	F INJURY (Home, fa street, office bldg., e	rm, 20f. (City or to	wn) (County) (State
	21 I certify that (I) (the saw the deceased alive	, ₉ J,	(1	. T.	accurred at	M, from the		et, that (I) (we) last address above
	William ;	L. Win	the	-		MED. ST.	AFF YS	7/12/6 J
	22c PHYSICIAN'S NAME (Type)	iAM L	WINTER	S	22d. ADDRESS 210 1	E Do V	ER, EAS	STON MA.
23/	BLR AL, REMATION, 226 REMOVAL (Specify)	DATE THEREOF	Teffer Bes	TERY OR CRE	Lenelmy	23d LOCATION	crippe	M (Stote)
24.	EUNERIC ONRECTOR'S SUSINA	TURE!	Obsta	Mid	256. RE	4 101	25b. RIGHTARES SI	GNATURE

TO HOVE ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may it has not by the hospital ar attending physician.

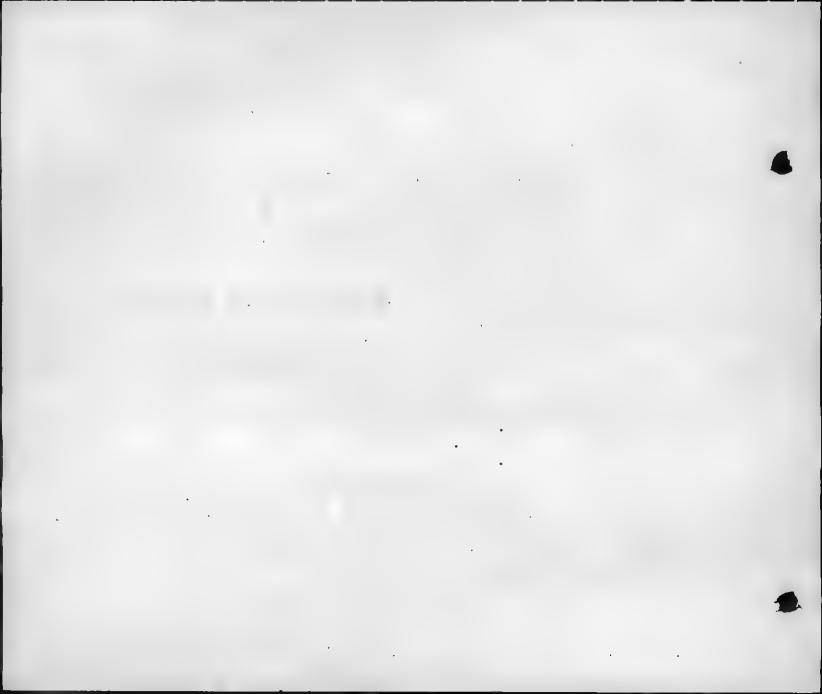
TO FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill each by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 [4] 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2477 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed **b** COUNTY MARYLAND the funeral shauld be fi b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) 16hacls d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO NAME OF First Middle 4. DATE Year DECEASED Ē (Type or print) DEATH after death 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years campletely lost birthdoy) Months Hours WIDOWED | DIVORCED [Dyrs. papers. hours USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? arulano ond pou 10 USELJ. 72 13. FATHER'S NAME ď 500 within TINK KOWAYO Uames physici remove 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT attending 18. CAUSE OF DEATH | Enter only one couse pe Tine for (a), (b), and (c) INTERVAL BETWEEN ONSEY AND DEATH ₲. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO þ Conditions, if any, which permit certificate has been signed gave rise to immediate **DUE TO** cause (a), stating the under**burial-transit** lying cause last ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY aremotian, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or lawn) Doy, Year 20d, INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) a. m While Nat while FUNERAL DIRECTOR: After this at work at work p. m detached for attended the deceased from 19(2), and that death accurred at 15/10, from the causes and an the date stated above the deceased alive an 22b, DATE SIGNED ATTENDING STAFF DIRECTOR -M D. 22d ADDRESS 0 State 230. BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or caunty) (State) page REMOVAL (Specify) 10 25b, REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) DATE 15M 9/59

requires that the death certificate be

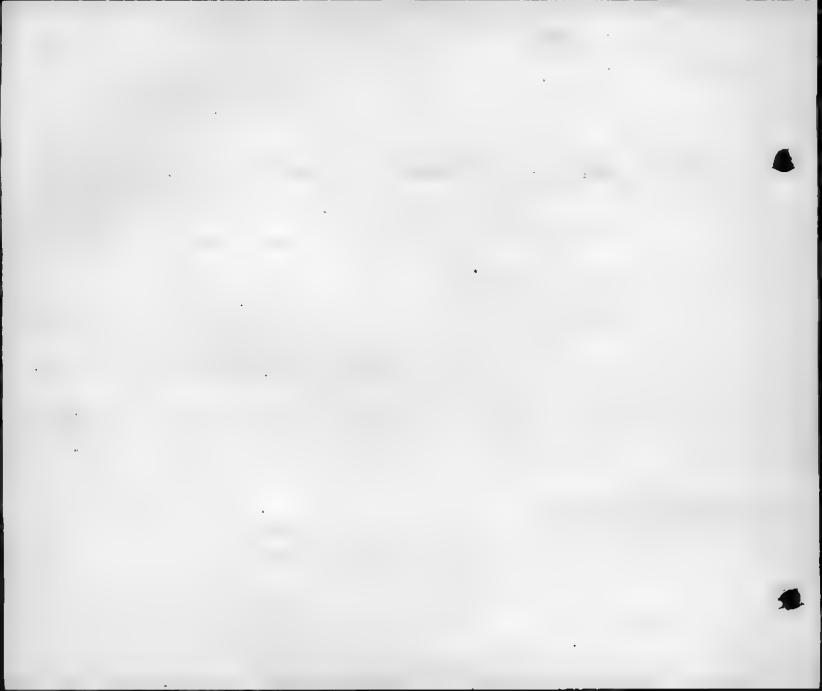
MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND R **BALTIMORE 1, MARYLAND** PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY director. Pag or your files. MARYLAND b. CITY OR TOWN (f autside corporete I mits, c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town] ㅎ EASTON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) on a. IS RESIDENCE ON A FARM? YES NO 17 3. NAME OF DATE Dev DECEASED the OF (Type or print) DEATH with 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months WIDOWED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 707 pages form PM3. 13. FATHER'S NAME should be executed within 24 FILE 16. SOCIAL SECURITY NO permit. (Yes. no. with BIT 18. CAUSE OF DEATH Enter only one cause p INTERVAL BETWEEN Office along burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause 40 DUE TO 器 (a), sleting the undarlying ö (c) be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word NO should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER. forwarded to the Chief Me L DIRECTOR: Page 3 sho ated agent, prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Statu) factory, street, office bldg., atc.) While Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE EXAMINER'S NAME (Typa) Address (Street, city, lown, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) VI REMOVAL (Specify) ラ40 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME DATE AUG 5M 7/59 Cirthur S. Huma



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 8479 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY a. STATE filed COUNTY MARYLAND the funeral shauld be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give-nearest town) d. NAME OF HOSPITAL (If not in haspital, give street oddress d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 AS TON YES NO F NAME OF 4. DATE Month Year Day DECEASED OF DEATH Pages death. (Type or print) 19 9, AGE (In years SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AF UNDER TYEAR IF UNDER 24 HRS last birthdoy) Months ofler Hours DIVORCED | WIDOWED [papers. comp 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OZMIAN ond 150 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicic 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address ding INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse payains for (o). (b) and (c) alten QMSET AND DEATH à PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** á permit. Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the undercertificate has been sine as the burial-transit lying cause lost. affending physician (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY cremotian. PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) DICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while ot work ot work p. m. 21. I certify that JA (this hospital aftended the deceased fram. 1922, that (I) (we) lost saw the deceased olive on ond that death occurred at P.M. from the couses and on the date stated above DIRECTOR: GNAT SI 22b DATE SIGNED ATTENDING PHYS DIRECTOR [STAFF M.D PHYSICIAN NAME (Type 22d ADDRESS O FUNERAL DATE THEREO! 23a. BURJAL CREMATION, 23Ь IAME OF CEMETERY OR CREMATORY. 23d LOCATION (City, tawn, ar county) (State) 960 REMOVAL (Specify DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR VR A15 (4) DATE. 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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		3480	CERTIFICA	IE OF DEATH		00440	
	1. [PLACE OF DEATH		2 USUAL RESIDENCE (Who		tion: Residence before admission	on)
\setminus	C	TALBOT	MARYLAND	o. STATE	b. COUNT	TALBOT	
Л	ŧ	b. CITY OR TOWN (If outside corporate limits, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		RURAL and give nearest town)	
		RURAL and give nearest town) A S TON	2 As num	X Mass	PALIEL		
ı	1	d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	dress)	d STREET ADDRESS	t	e IS RESII	DENCE
			PITAL		NONE -	YES T	
	3. 1	NAME OF First	Middle	Last		inth Doy Y	egr
-	1	(Type or print) MR. EARNEST	LOWE	SARD	DEATH SUL	4 14 1	961
	S. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year: lost birthday)	IF UNDER 1 YEAR IF UNDER	
-	/	PALE WHITE WIDOWED	DIVORCED	FEB, 181	889 72		Min.
	10o.	USUAL OCCUPATION (Give kind of wark dane 10b, KII during most of warking life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT CO	DUNTRY?
		FARMER-RET, A	SPICULTURE	MAR	YLAND	1 0219	2
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
		INILLIAM DAR	0	EMA	24 FRA	1250	
4		WAS DECEASED EVER IN U. S ARMED FORCES? 16, SO i, no, or ugknown) (If yes, give wor or doles of service)	CIAL SECURITY NO. 17. IN	FORMANT	Ad	dress	
ļ		NO NONE	///	es, Emma	JARO 1	MCUANIEL	110
		18 CAUSE OF DEATH [Enter only one couse per line)	far (a), (b), and (c).]	Mark		INTERVAL BET	WEEN
1		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	youar	1 Decki	wen	4ho	Uhs
		420.1 DUE TO D	11	CH	March V.	2.	. r
ı		Conditions, if any, which) (b)	smary,	Celles!	reall 1st	1 144	161.
		gove rise to immediate DUE TO	and the	1/4/1	tura elle	///	
		lying cause lost.	nuruu	al cert	chelyceur	pur 10ch	ar
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDIT ONS CO	MENT TO DEATH BUT,	NOT RELATED TO THE TERMI	NALD SEASE CONDITION G	IVEN IN PART I(a) 19 PERFOR	UTOPSY RMED?
	₹.	arcenomy on a	ocen-	Herger	4/95/	YES 🗌	NO 🖰
	RTIF	OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRED), (Enter noture of injury in P	art I or Port II of item 18)		
ł		(IF EITHER, NOTIFY MEDICAL EXAMINER		_			
1	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. While	URY OCCURRED 20s. PL/	CE OF INJURY (Hame, form, tory, street, affice bldg., etc.	, 20f. (City or town))	(County)	(State)
ı	¥	p. m 19 at work [1	00		
١		21 certify-that (I) (this heapital) attended	d the deceased fram.	UM15 10	1. 10 Welly 1	19.6 L, that (I) (+	vo) last
		saw the deceased alive an 7 = 1.4	19 6, and that d	eath accurred at 11.7	M, from the causes a	nd an the date stated	abave
		22a. SIGNATURE	174	ATTENDINGME	D. STAFF	22b	.DATE SIGNED
		22d PHYSICIAN'S WILL WALL	un !	M D PHYS	ED. STAFF RECTOR PHYS.	July 1	<u> </u>
		NAME /Type) _	W Th	22d. ADDRESS	1 7 . 763	19	961
		R. Lane Wroth,		St. Mic			
	23a	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OF	RCREMATORY	23d, LOCATION (City, town,	or county) (State)
		DURIAL 1/17/61	JORING,	TILL LEMT.	FASTO,		NO
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			SISTRAR'S SIGNATURE	

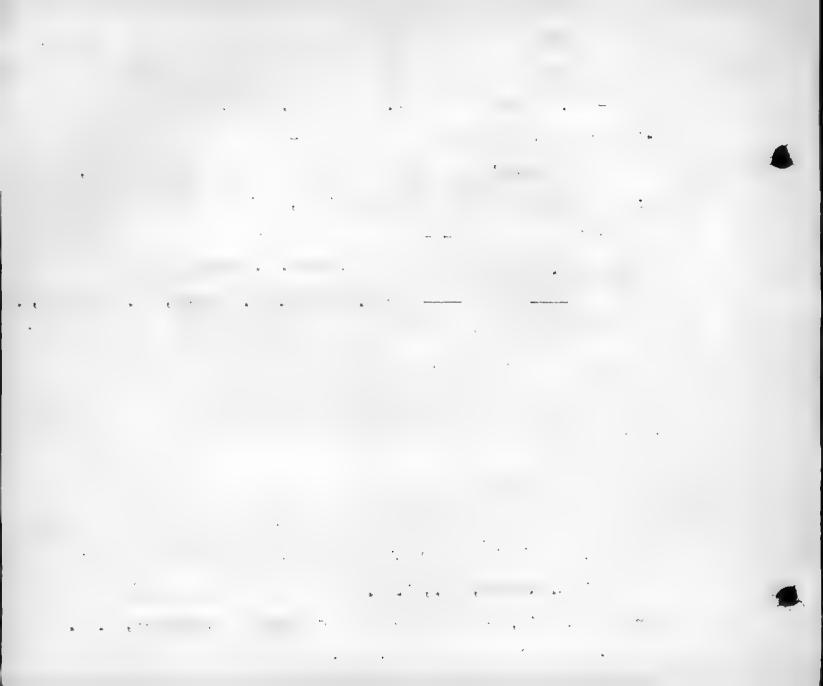
TO HOT ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 7. Furs after death. Page 4 moy standed by the haspital or attending physician.

TO FUNECAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill—In by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR ATS (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		8482 CERTIFICA	ATE OF DEATH	98475
)		ACE OF DEATH COUNTY + A 160+	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE MAYYAA b. COUNTY A)	before (idmission)
	b	CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town/ EASTO 17. 3	c. CITY OR TOWN, Ilf outside corporate limits, write RURAL and a	íve nearest town)
	•	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e is residence on a farm? YES NO
		AME OF ECEASED (DEFINITION OF PRINTS) AME OF ECEASED (Middle Middle Mid	Sharp 4. DATE OF DEATH	26 196/
	5. S	MA/e NEGro WIDOWED DIVORCED	march 31, 1890 last birthday) Months	1 YEAR OF UNDER 24 HRS Doys Hours Min.
		USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITY MARY/And	ZEN OF WHAT COUNTRY
		Sell Sharp	14. MOTHER'S MAIDEN NAME HIDENTA FOSTER	
1		VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 Ad ocustanown) (If yes, give wor or dates of service) 226-26-1967 1	Mrs. Elenora sharp Bt. 3. t	Aston, md
		B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY	the Property	INTERVAL BETWEEN ONSET AND DEATH
		DUE TO 1	Motion farcinamores	7 8 mo.
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.	A sero mack	, o me
	CATION	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I (o) 19 WAS AUTOPSY PERFORMED? YES NO 1
	CERTIF	206. ACCIDENT WAS UNDERLYING DESCRIBE HOW MUJURY OCCUR DR CONTRIBUTING DEAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL		PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) (City or town) (C	County) (State
		1 1 certify that (I) (this haspital) attended the deceased from	n. 11-25 1960 to 7-26, 196	J. that (I) (we) las
		saw the deceased alive on 7 2 19.61, and that	t death accurred at A. M., fram the causes and an the	date stated above
		PHYS CIÁN S NAME (Type) DR H B. Plummar	M.D PHYS. DIRECTOR DHYS D	20 27
	23a	BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town, or county)	(Stote)
	24	WILLIAM SUNY 29 1961 Mt. 17 Eas	250. RECIDEN REGISTRAR'S SIG	SNATURE .
		oming ashiel - Inston,	md. DATE AUG 1, '61 Circhen &	Kraus



TO HE State OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after death. Page 4 may retained by the hospital ar attending physician.

TO FÜNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fined in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, withth 72 hours after death.

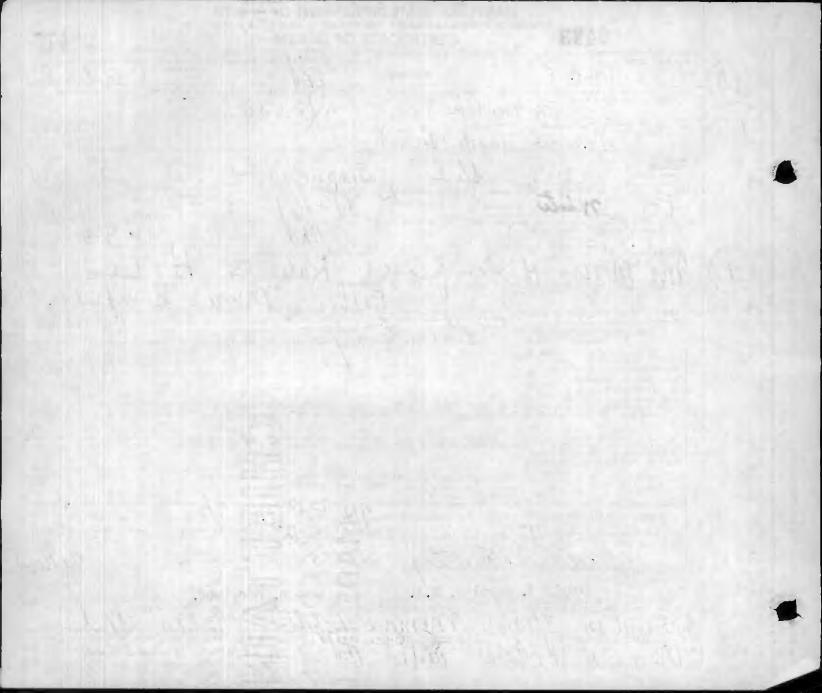
VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

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VISION OF STA	TISTICAL RESEARC	H AND RECORD	S - BALTIMORE	1, MARYLAND

	०५४३	8 11 6	ATE OF DEAT	Н		08476
1, PLACE OF DEATH o. COUNTY		niormation from	A STATE	Where deceased lived. b.	If institution: Residence COUNTY	before admission)
b. CITY OR TOWN RURAL and give	N (If outside corporate limits, we nearest town)	W. I ma 13 min.	c. CITY OF TOWN !	If offside corporate limit	ts, write RURAL and giv	e nearest town)
d. NAME OF HOS	SPITAL (If not in hospital, give a	trap ital Easton	d. STREET ADDRESS	0	2X-9	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Baln	Hill	Simpson.	4. DATE OF DEATH	July	Day Yeor 2 196/
s. sex Fe.	White will	MARRIED NEVER MARRIED DIVORCED	1/2/1		Months D	YEAR IF UNDER 24 HIS
during most of	working life, even if retired)	106. KIND OF BUSINESS OR IN	Ma	the or foreign country)	12.0012	N OF WHAT COUNTRY
13. FATHER'S NAME	nous H.	Sempson	14. MOTHER'S MAIDEN	U C	HILL	
15. WAS DECEASED? (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service		Faltes	more	s Sen	con
	DEATH [Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a) (b), and (c).]	tunty			INTERVAL BETWEEN ONSET AND DEATH
Conditions, i						
gove rise to couse (o), stati lying couse to	ing the under-					
PART II.	OTHER SIGNIFICANT CONDITIE	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	rminal disease cond	ITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING [] 206 ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER;	. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	in Port I or Port II of ite	nm 18.)	
20c. TIME OF IN Hour o.	m. 10	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, for factory, street, office bldg.,) (Co	unly) (State)
	that (I) (this haspital) at	tended the deceased fro	m. //w	1961ta	*	, that (I) (we) last date stated above
220. SIGNATURI	Monald In	Bart Elin	M.D. PHYS.	MED. STAF		22b. DATE SIGNED
22c, PHYSICIAN NAME (Typ		Bartley, M/D,	22d. ADDRESS East of	n. Maryland		/ // (
230. BURIAL, CREMA REMOVAL (Spec	ATION 236. DATE THER OF	6 23c. NAME OF CEMETER	va Hehla	1 23d. LOCATION (CI	Can y	N d (Stote)
UM.	TOR'S SIGNATURE	ADDRESS 1	Congress 250. R		256. REGISTRAR'S SIGN	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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l.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. STATE MARYLAND D. COUNTY AUTOM D. COUNTY AUTOM D. COUNTY D. COUN
	b. CITY OF TOWNY I autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OF TOWNY III autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) 8. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \)
3.	NAME OF DECEASED (Type or print) Parker Condition (Type or print)
5.	SEX 6. COLONGRACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1963 9 AGE (18 years IF UNDER 14 FAR IF UNDER 24 HR. WIDOWED DIVORCED DIVORCED Min.
10	Do. USUAL DE QUEATION (Give kind of work done 10b. XIND OF BUSINESS OR INDUSTRY 11 BIRTH LACE (State or Larger country) 12. CITIZEN OF WHAT COUNTRY (Line of the country)
13	FATHERS NAME & Houry Webb 14. MOTHER'S MAIDEN WANTE C BISTON
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Office of service) 2/5-38-/234 May Value of Service Office of Service) 2/5-38-/234
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	County) (Stote Description of the point of t
	21 I certify that (1) (this hospital) attended the deceased fram. JUNE 1. 1935, to JULY 26, 1961, that (1) (we) last saw the deceased alive an. 7-26-1961, and that death accurred at 1.40 M, from the causes and an the date stated above
	220. SIGNATURE AMALY J. BANTLY M.D. ATTENDING MED. STAFF SIGNE
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
23	30 JURIAL, CREMATION 138, DATE THEREOF, 23 / YAME OF CEMETERS OR CREMATORY 23d, LOGATION (City, town, or county) (Stock)
(of the state of th

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the haspital or attending physician.

VR A15

